



LOCUST GROVE DAY VENDOR APPLICATION

Saturday, April 16, 2016

Name: _____

Address: _____ Email: _____

Type of Exhibit: _____

Home Phone #: _____ Cell phone #: _____

Please make checks payable to "Locust Grove Events Committee" and mail to
P.O. Box 900, Locust Grove, GA 30248 ATTN: Vendors, or email to
awilliams@locustgrove-ga.gov Please submit a sample photo of your booth
along with payment.

All Vendors who submit an application and fee will be sent a receipt,,
confirmation, and a map with an assigned lot number for your exhibit.

Waiver Agreement

I do hereby release, acquit, and forever discharge the Locust Grove Events Committee and the City of Locust Grove, GA, its agents, servants, successors, assigns, and all other persons, firms, corporations from any and all actions, causes of action, claims, damages, costs=, loss of service, expenses, and compensations, which I may accrue, arising out of any events taking place April 16, 2016 or otherwise connected with the 2016 Locust Grove Day. This release extends and applies to, and also covers and includes, all known, unforeseen, unanticipated, and unsuspected injuries, loses, and liability and the consequences thereof on the grounds of the City of Locust Grove during the Locust Grove Day event. I understand that any violation of the terms of the application or the instruction of the rules and regulations set forth by the Locust Grove Events Committee and the City of Locust Grove, GA, Locust Grove Day event and its elected staff, may result in the rejection of any future application submitted. I have read and fully understand the release agreement as stated above; I have read the rules and regulations as stated and agree to abide accordingly.

Please print applicant's name

Date

Signature of Applicant